

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mertham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L17835** (4)

1. Corporation Name
YOSEF AARON KAWEBLUM, M.D., P.A.



Principal Place of Business: % YOSEF AARON KAWEBLUM, 6909 SW 18TH ST STE A-202, BOCA RATON FL 33433, US
Mailing Address: % YOSEF AARON KAWEBLUM, 6909 SW 18TH ST STE A-202, BOCA RATON FL 33433, US

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 09/21/1989
3a. Date of Last Report: 03/14/1995
4. FLL Number: 65-0147358
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

g. Name and Address of Current Registered Agent: KAWEBLUM, YOSEF AARON, 6909 SW 18TH ST, STE A-202, BOCA RATON FL 33433

10. Name and Address of New Registered Agent (81-84) and 85. Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (81) Name, (82) Street Address, (83) City, (84) City, (85) Zip Code

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
	KAWEBLUM, YOSEF AARON	6909 SW 18TH ST. STE A202	BOCA RATON FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY- ST- ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY- ST- ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY- ST- ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY- ST- ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY- ST- ZIP	Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, and I am a collector or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a separate sheet with an address.

SIGNATURE: [Signature] (81) Name, (82) Street Address, (83) City, (84) City, (85) Zip Code: 3/15/94, 407 347-8382

CR2E034 (12/95)